

LAZARUS CORPORATE INDUSTRIES, INC.

Requestor's Name

890 S. 87 AVENUE, SUITE 11

Address

MIAMI, FLORIDA 33174 (305) 552-5973

City/State/Zip

Phone #

LOCAL REPRESENTATIVE TALLAHASSEE

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. MIAMI-DADE FINANCIAL SERVICE, INC.  
(Corporation Name) (Document #)

2. \_\_\_\_\_  
(Corporation Name) (Document #)

3. \_\_\_\_\_  
(Corporation Name) (Document #)

4. \_\_\_\_\_  
(Corporation Name) (Document #)

☒ Walk in



Pick up time

2.00

☐ Mail out

☐ Will wait

☐ Photocopy

☐ Certified Copy

☒ Certificate of Status

FILED  
97 DEC 16 PM 2:58  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

| NEW FILINGS                         |                   |
|-------------------------------------|-------------------|
| <input checked="" type="checkbox"/> | Profit            |
| <input type="checkbox"/>            | NonProfit         |
| <input type="checkbox"/>            | Limited Liability |
| <input type="checkbox"/>            | Domestication     |
| <input type="checkbox"/>            | Other             |

| AMENDMENTS               |                                        |
|--------------------------|----------------------------------------|
| <input type="checkbox"/> | Amendment                              |
| <input type="checkbox"/> | Resignation of R.A., Officer/ Director |
| <input type="checkbox"/> | Change of Registered Agent             |
| <input type="checkbox"/> | Dissolution/Withdrawal                 |
| <input type="checkbox"/> | Merger                                 |

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-12/16/97-01053-010  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

| OTHER FILINGS            |                  |
|--------------------------|------------------|
| <input type="checkbox"/> | Annual Report    |
| <input type="checkbox"/> | Fictitious Name  |
| <input type="checkbox"/> | Name Reservation |

| REGISTRATION/<br>QUALIFICATION |                     |
|--------------------------------|---------------------|
| <input type="checkbox"/>       | Foreign             |
| <input type="checkbox"/>       | Limited Partnership |
| <input type="checkbox"/>       | Reinstatement       |
| <input type="checkbox"/>       | Trademark           |
| <input type="checkbox"/>       | Other               |

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97 DEC 16 AM 11:38  
DIVISION OF CORPORATION

K. Rolfe DEC 16 1997

Examiner's Initials

LAZARUS CORPORATE INDUSTRIES, INC.

Requestor's Name

890 S.W. 87 AVENUE, SUITE: 16

Address

MIAMI, FLORIDA 33174 (305)552-5973

City/State/Zip

Phone #

LOCAL REPRESENTATIVE TALLAHASSEE

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. MIAMI - DARE Financial Services, Inc.  
(Corporation Name) (Document #)
2. \_\_\_\_\_  
(Corporation Name) (Document #)
3. \_\_\_\_\_  
(Corporation Name) (Document #)
4. \_\_\_\_\_  
(Corporation Name) (Document #)

☒ Walk in

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☐ Photocopy

☐ Certificate of Status

| NEW FILINGS                         |                   |
|-------------------------------------|-------------------|
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| <input type="checkbox"/>            | NonProfit         |
| <input type="checkbox"/>            | Limited Liability |
| <input type="checkbox"/>            | Domestication     |
| <input type="checkbox"/>            | Other             |

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| <input type="checkbox"/> | Merger                                 |

| OTHER FILINGS            |                  |
|--------------------------|------------------|
| <input type="checkbox"/> | Annual Report    |
| <input type="checkbox"/> | Fictitious Name  |
| <input type="checkbox"/> | Name Reservation |

| REGISTRATION/ QUALIFICATION |                     |
|-----------------------------|---------------------|
| <input type="checkbox"/>    | Foreign             |
| <input type="checkbox"/>    | Limited Partnership |
| <input type="checkbox"/>    | Reinstatement       |
| <input type="checkbox"/>    | Trademark           |
| <input type="checkbox"/>    | Other               |

The state  
HAS the  
money for  
this corporate  
we lost the cover  
Letter

Examiner's Initials

97 DEC 18 PM 1:02  
DIVISION OF CORPORATE AFFAIRS

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97 DEC 19 PM 2:58

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ARTICLE OF INCORPORATION  
OF

MIAMI-DADE FINANCIAL SERVICES, INC

The undersigned incorporator(s), for the purpose of forming a corporation under the FLORIDA BUSINESS CORPORATION ACT, HEREBY ADOPT(S) The following articles of incorporation.

ARTICLE I NAME

The name of the corporation shall be: MIAMI-DADE FINANCIAL SERVICES, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of the corporation shall be:

7823 S.W. 56 ST no. 208, MIAMI FLORIDA 33155.

ARTICLE III - CAPITAL STOCK

The number of shares of stock that this corporation is authorized to have outstanding at any one time is

ONE HUNDRED SHARES NO PAR VALUE.

ARTICLE IV- INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is

TERESA BARROSO

7823 S.W. 56ST #208. MIAMI, FLORIDA 33155

ARTICLE V INCORPORATORS

THE NAME AND STREET ADDRESS OF THE INCORPORATOR (S) TO THESE ARTICLES OF INCORPORATION IS (ARE):

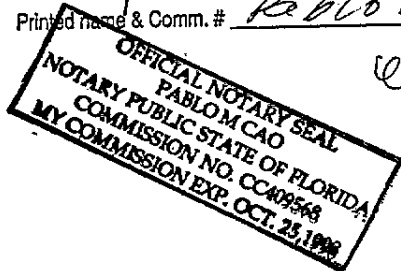
TERESA BARROSO  
7853 S.W. 56 ST no. 208  
MIAMI ,FLORIDA 33155

THE UNDERSIGNED HAS (HAVE) EXECUTED THIS ARTICLES OF INCORPORATION  
THIS: 12 OF Dec 1997 AT MIAMI, DADE, FLORIDA.

SIGNATURE/TITLE  
TERESA BARROSO-OFFICER

✓ Teresa Barroso

State of Florida / County of Dade  
The foregoing instrument was acknowledged before me this  
12/12/97 by Teresa Barroso  
Personally Known ☒ OR Produced Identification ☐  
Type of I. D. Produced \_\_\_\_\_  
Pablo M. CAO (Notary signature)  
Printed name & Comm. # Pablo M. CAO



CERTIFICATE OF DESIGNATION  
REGISTERED AGENT/ REGISTERED OFFICE

Pursuant to the provisions of section 607.0501, of florida statues, the undersigned corporation, organized under the laws of the STATE OF FLORIDA, submits the following statement in designating the registered office/registered agent, in the STATE OF FLORIDA

1.- The name of the corporation is:

MIAMI-DADE FINANCIAL SERVICES, INC.

2.- The name and address of the Registered agent and office is  
TERESA BARROSO., 7823 S.W. 56 ST. # 208, MIAMI FLORIDA 33155.

SIGNATURE

Teresa Barroso  
CORPORATE OFFICER

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE. I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY WITH THE PROVISSIONS OF ALL STATUTES RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES. AND I AM FAMILIAR WITH AND ACCEPT THE OBLOGATIONS OF MY POSITIONM AS REGISTERED AGENT.

SIGNATURE ✓

DATE

12/12/97

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

97 DEC 18 PM 2:58

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